

# CERTIFICATION APPLICATION

On behalf of the business identified below, the undersigned understands and/or agrees to the following:

- A. This certification application is being submitted pursuant to the Small, Local, and Disadvantaged Business Enterprise Development and Assistance Act of 2005 (the Act), effective October 20, 2005 (D.C. Law 16-33; 52 DCR 7503), and applicable regulations;
- B. All supporting documents, if not submitted with this application, will be provided directly to the Small and Local Business Opportunity Commission (SLBOC). Failure to submit any required documentation could result in the denial of this application, as well as render an accompanying bid or proposal null and void;
- C. The business will cooperate with the SLBOC during the certification process and, if required by the SLBOC, will allow site inspections, access to records, and/or discussions with representatives of the business in order to assist the applicant in fulfilling the application requirements;
- D. Any change in information submitted with this application that would affect the eligibility of the business for certification will be timely reported to the LSBOC; and
- E. The District of Columbia's Office of the Attorney General may bring civil action in the Superior Court of the District of Columbia against a business enterprise and the directors, officers, or principals thereof that is reasonably believed to have obtained certification by fraud or deceit or to have willfully furnished substantially inaccurate or incomplete information to the SLBOC. A business enterprise or individual found guilty in such a proceeding shall be subject to a civil penalty of not more than \$100,000.

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1. Business Name \_\_\_\_\_  
Email \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_
2. Business Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Ward # \_\_\_\_\_
3. Principal Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Tel (\_\_\_\_) \_\_\_\_\_
4. List Business Structure (choose one):  
\_\_\_ Corporation    \_\_\_ Limited Liability Corporation    \_\_\_ Partnership    \_\_\_ Sole Proprietorship
5. Date Business Established \_\_\_\_\_ If corporation, location of incorporation \_\_\_\_\_  
Primary business activity (if diversified, percent of each adding up to a total of 100%): %\_\_\_ Professional Service (i.e. Legal, A&E, CPA, etc.)  
%\_\_\_ Construction    %\_\_\_ Manufacturer    %\_\_\_ Distribution    %\_\_\_ Wholesaler    %\_\_\_ Retailer    %\_\_\_ Service Provider

6. List the following business information (please contact listed reference phone numbers for personal assistance):

|  |      |
|--|------|
| Dunn & Bradstreet No.:<br>800-333-0505               | No.: |
| Local Unemployment Compensation No.:<br>202-724-7566 | No.: |
| Federal Employer ID:<br>800-829-1040                 | No.: |

7. Describe the business' product line, trade or services below (attach additional pages if necessary):

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National Institute of Government Policies (NIGP) Commodity Codes ([www.olbd.dc.gov](http://www.olbd.dc.gov))

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8. Briefly describe any specialties: \_\_\_\_\_
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9. List business and office equipment, vehicles and facilities located (attach additional page if necessary):

| a. Equipment & Vehicles Owned<br>&/or Leased | Storage Location of Equipment &<br>Vehicles | b. List All Operating<br>Facilities<br>(please designate principal facility) | Address, City, State, Zip |
|--|---|--|---------------------------|
|  |   |  |                           |
|  |   |  |                           |
|  |   |  |                           |
|  |   |  |                           |
|  |   |  |                           |

10. List all managerial employees:

| Name | Title | Business Address |
|------|-------|------------------|
|      |       |                  |
|      |       |                  |
|      |       |                  |
|      |       |                  |
|      |       |                  |
|      |       |                  |

11. Identify all original and current owners/stockholders of the business (attach additional page if necessary):

List Total Corporate Shares Authorized \_\_\_\_\_

| Name of Owners/ Stockholders<br>Home Address, Phone Number | US<br>Citizen or<br>LPR* | Ward<br>Number | Number of<br>Shares | Percentage<br>of<br>Ownership | Initial<br>Capital<br>Injection | Class of<br>Stock<br>Issued |
|--|--------------------------|----------------|---------------------|-------------------------------|---------------------------------|-----------------------------|
|  |                          |                |                     |                               |                                 |                             |
|  |                          |                |                     |                               |                                 |                             |
|  |                          |                |                     |                               |                                 |                             |
|  |                          |                |                     |                               |                                 |                             |
|  |                          |                |                     |                               |                                 |                             |

\*Lawful Permanent Resident

12. List current members of Board of Directors and Officers of the Corporation:

Current Board of Directors/Owners

| Name<br>Title | Occupation | Date<br>Appointed | Home<br>Address | Phone |
|---------------|------------|-------------------|-----------------|-------|
|               |            |                   |                 |       |
|               |            |                   |                 |       |
|               |            |                   |                 |       |
|               |            |                   |                 |       |
|               |            |                   |                 |       |

Officers of Corporation/Key Personnel

| Name<br>Title | Date<br>Appointed | Office<br>Address | Phone |
|---------------|-------------------|-------------------|-------|
|               |                   |                   |       |
|               |                   |                   |       |
|               |                   |                   |       |
|               |                   |                   |       |
|               |                   |                   |       |

13. List Bonding Information:

Name of Bonding Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

List bonding specialties (if any) \_\_\_\_\_ Bonding Limit \$ \_\_\_\_\_

14. List Insurance Information:

Name of Insurance Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

List insurance type: \_\_\_\_\_ Property/Liability Limit \$ \_\_\_\_\_

15. List Business Banking Information:  
 Primary Business Bank \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_
16. List total amount of taxes paid to DC Government (specify type of taxes paid in the current and latest tax year):
- |                             |                           |                             |
|-----------------------------|---------------------------|-----------------------------|
| a. Check all that apply:    | b. Current, Year-to-Date: | c. Last Fiscal Year 19____: |
| ____ Arena .....            | \$ _____                  | \$ _____                    |
| ____ Corporate.....         | \$ _____                  | \$ _____                    |
| ____ Unemployment.....      | \$ _____                  | \$ _____                    |
| ____ Personal Property..... | \$ _____                  | \$ _____                    |
| ____ Sales.....             | \$ _____                  | \$ _____                    |
| ____ Real Estate.....       | \$ _____                  | \$ _____                    |
| ____ Fuel.....              | \$ _____                  | \$ _____                    |
| ____ Other.....             | \$ _____                  | \$ _____                    |
17. List the LSDBE status you are applying for (please choose all that are applicable and refer to “Supporting Documentation Checklist”):
- \_\_\_\_ Local
  - \_\_\_\_ Small (If certified by the United States Small Business Administration as a small business concern under the Small Business Act, please provide a copy of the certification letter along with completed application)
  - \_\_\_\_ Disadvantaged (additional letter and notarized DBE form)
  - \_\_\_\_ Resident Owned Business (submit signed copy of most recent D.C. Personal tax returns)
  - \_\_\_\_ Longtime Resident Business: Business enterprise that has been continuously eligible for certification for 20 years (please attach documentation i.e., tax returns, lease or deed, utility bills to verify 20 years of location)
- a. List location of principal business site:
- \_\_\_\_ DC
  - \_\_\_\_ Washington-Arlington-Alexandria, DC-MD-VA-WV Metropolitan Division (please reference “Waiver Application”)
- b. Enterprise Zone - If principal office is in the District of Columbia)
- \_\_\_\_ Yes \_\_\_\_No
- c. List type and qualification for Small Business Enterprise:
- | <u>Industry Type</u>                                    | <u>Revenue Limit (last fiscal year)</u> |
|---|---|
| Construction:   |   |
| ____ Construction (street, highway, bridges, etc.)      | \$23 million                            |
| ____ Building Construction (general construction, etc.) | \$21 million                            |
| ____ Specialty Trade Contractors                        | \$13 million                            |

|   |               |
|---|---------------|
| Goods & Equipment                                     | \$8 million   |
| General Services                                      | \$19 million  |
| Professional Services:                                |               |
| ___ Personal Services (hotels, beauty, laundry, etc.) | \$5 million   |
| ___ Business Services                                 | \$10 million  |
| ___ Health & Legal Services                           | \$10 million  |
| ___ Health Facilities Management                      | \$19 million  |
| Manufacturing Services                                | \$10 million  |
| Transportation & Hauling Services                     | \$13 million  |
| Financial Institutions                                | \$300 million |

18. Submit most recent quarterly and wage contribution report (Form UC-30)

19. Business, professional and/or trade licenses if applicable:

| License Type | License Number | License Expiration Date | Authorizing Entity<br>of License |
|--------------|----------------|-------------------------|----------------------------------|
|              |                |                         |                                  |
|              |                |                         |                                  |

20. List Gross Annual Revenues for Last Three (3) Years:

\_\_\_\_\_/ \$ \_\_\_\_\_  
\_\_\_\_\_/ \$ \_\_\_\_\_  
\_\_\_\_\_/ \$ \_\_\_\_\_

21. List Sources of Business Revenues

| Source of Business Revenues<br>Contracts/Sales | List Fiscal Year<br>19_____ | Amount<br>\$ | % of Total Revenues |
|--|-----------------------------|--------------|---------------------|
| DC Government Prime/ Sub                       |                             | \$           |                     |
| Private Sector                                 |                             | \$           |                     |
| Other  |                             | \$           |                     |
| Total  |                             | \$           | 100%                |
| Description of Other sources                   |                             |              |                     |

21. List the last three contracts awarded and performed

| Name of Contractor | Project Name | Service Provided | Dollar Amount |
|--------------------|--------------|------------------|---------------|
|                    |              |                  |               |
|                    |              |                  |               |
|                    |              |                  |               |

22. Has the business, or any of its directors, officers, or principals, been found to have violated any District of Columbia law or regulation that is applicable to the applicant's business?

Yes\_\_\_\_\_ or No\_\_\_\_\_

If yes, explain:\_\_\_\_\_

23. Has the business, or any of its directors, officers, or principals, been convicted of a crime that bears directly on the fitness of the applicant, holder, or participant to ethically participate in programs established pursuant to the Act?

Yes\_\_\_\_\_ or No\_\_\_\_\_

If yes, explain:\_\_\_\_\_

24. Complete and have notarized the attached affidavit and submit it, along with all other application documents, to:

District of Columbia  
Department of Small and Local Business Development  
441 4<sup>th</sup> Street, NW, Suite 970N  
Washington, DC 20001  
Tel: (202)727-3900



## AFFIDAVIT

The undersigned, as a duly authorized representative of \_\_\_\_\_ (name of company), swears (or affirms) that the statements made as part of the attached certification application and submitted with/without a bid or proposal request are true and correct and include all other information necessary to:

1. identify and explain the operations of the company;
2. identify the ownership of the company; and, otherwise,
3. establish the company's eligibility for certification under the Small, Local, and Disadvantaged Business Enterprise Development and Assistance Act of 2005, effective October 20, 2005 (D.C. Law 16-33; 52 DCR 7503).

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Date: \_\_\_\_\_

District of Columbia (or State/Commonwealth of \_\_\_\_\_); to wit:

Signed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_, who is well known to me as the person who executed the foregoing affidavit and who acknowledged the same to be his/her free act and deed.

Notary signature: \_\_\_\_\_

(Seal)

My commission expires: \_\_\_\_\_